Schedule 5

KANSAS DEPARTMENT OF REVENUE

OUT-OF-STATE TOBACCO PRODUCTS DISTRIBUTORS SELLING INTO KANSAS

Filing Month/Year:Name:			License #:	License #:	
			Phone #:		
Address, City, S	State, Zip:				
Invoice Date	Invoice Number	Consignee	Address	Manufacturer's Net Invoice Price	
4. Tax liability (Multiply line 3 x 10%)					
)		
7. Subtotal (S u	btract lines 5 and 6	from line 4)			
8. Penalty					
			ation and payment to the Kansas Dep ustomer Relations, PO Box 750680, T		
		form you can find them at: to at 785-368-8222 or email	http://ksrevenue.gov/bustaxtypesc kdor_cigtob@ks.gov	ig.html or have any	
I declare under	penalty of perjury und	ler the laws of the state of	of Kansas that the foregoing is tr	ue and correct.	
Name (print)			Title (print)		
Signature			Executed on	Month/Day/Year	
oigi iatul e				IVIOHUI/Day/Teal	